

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

Request for Leave

Name: _____

Assignment: _____

Type of Leave	No. of Hours	Date(s) Requested	Time Absent from Work
ANNUAL			from _____ to
COMPENSATORY			from _____ to
PERSONAL			from _____ to
SICK			from _____ to
OTHER			from _____ to

Remarks:
used)

(Only fill out above when less than 8 hours

Employee's Signature

Date

Supervisor's Signature

Date

MCP Form 174 (06/12)

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